

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11		2				
12	1					
13		1				
14	1					
15		1				
16	1					
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23						
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25		2				
26	1					
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28	1					
29	1					
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	35					

	IND		DEP		IND	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						